

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013708

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

3180 225081

SL-1682

Primary Registration District No.

1003

Registrar's No.

3520

STATE FILE NUMBER

Registration District No.

FILED APR 8 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Length of stay in lb 8 DAYS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY c. CITY OR TOWN ST. LOUIS d. STREET ADDRESS (If outside, give location) 1476 STEWART PLACE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BENJAMIN H. PIERSON SR.			4. DATE OF DEATH Month MARCH Day 25 Year 1963		5. SEX MALE		
6. COLOR OR RACE NEGRO		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-27-95		9. AGE (last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BURNER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) COMO, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JEFF D. PIERSON			13b. MOTHER'S MAIDEN NAME PRIELLA STEWARD		14. NAME OF HUSBAND OR WIFE BARBARA JEAN PIERSON See 2 above		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO.		17. INFORMANT Address See 2 above		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MIDBRAIN INFARCTION DUE TO (c) 332X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21a. attended the deceased from 3-18-63		to 3-25-63		and last saw him alive on 3-25-63		Death occurred at 4:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Paul Beck, M.D.		(Degree or title) PAUL BECK M. D.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 3-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-1-63		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,	
24. FUNERAL DIRECTOR G. Wade Granberry		ADDRESS 4202 Finney Ave.		25. DATE RECD. BY LOCAL REG. MAR 27 1963		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.